

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-027992**

**FILED VS AUG 24 1959**

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 247

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Adair</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirksville</b>		Length of stay in 1b yrs.		c. CITY OR TOWN <b>Kirksville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kirks. Osteopathic Hosp.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>811-S-First St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>BOBBIE</b> Middle <b>EUDEAN</b> Last <b>PISTER</b>						<b>4. DATE OF DEATH</b> Month <b>August</b> Day <b>13</b> Year <b>1959</b>			
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/></b> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>1-9-1930</b>		<b>9. AGE (last birthday)</b> <b>29</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Cost Accountant</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>McGraw Electric</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Seymour, Iowa</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>			
<b>13a. FATHER'S NAME</b> <b>Lloyd Pister</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Grace Ramey</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Wanda (St. Clair) Pister</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>yes</b>			<b>16. SOCIAL SECURITY NO.</b> <b>481-26-7774</b>		<b>17. INFORMANT</b> Address <b>Mrs. Wanda Pister, Kirksville, Mo.</b>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Failure</b> DUE TO (b) <b>Cardiac Arrest</b> DUE TO (c) <b>Myocardial Infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		Month, Day, Year							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY		STATE	
<b>21. I attended the deceased from</b> <b>12:30 P.M. 8-13-59</b> <b>to</b> <b>1:15 P.M. 8-13-59</b> <b>and last saw him</b> <b>live on</b> <b>8-13-59</b> <b>Death occurred at</b> <b>1:15 P.M. 8-13-59</b> <b>m on the date stated above, and to the best of my knowledge, from the causes stated.</b>									
<b>22a. SIGNATURE</b> (Degree or title) <b>D. J. DeVito</b>				<b>22b. ADDRESS</b> <b>R.O.H. Kirksville, Mo.</b>		<b>22c. DATE SIGNED</b> <b>8-14-59</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>8-15-1959</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Maple Hills Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Kirksville, Missouri</b>				
<b>24. FUNERAL DIRECTOR</b> <b>Davis &amp; Davis, Kirksville, Mo.</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <b>8-15-1959</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>David W. Ratliff</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 27 1959

AUG 27 1959

S. J. DeVito, D.O.

STATEMENT BY LICENSED EMBALMER

FEB 15 1961

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219  
P. O. Address Kirksville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.